

**CITY OF CHICAGO**  
**Department of Finance - Chicago Benefits Office**

**PHSA (Formerly known as COBRA) Rates**  
**EFFECTIVE JANUARY 1, 2022**

TYPE OF PLAN	LEVEL OF COVERAGE		
	SINGLE EE	EE PLUS ONE	EE PLUS TWO OR MORE
<b>PPO</b>			
<b>BLUE CROSS BLUE SHIELD PPO - Plan A</b>	\$837.22	\$1,552.59	\$2,031.90
<b>BLUE CROSS BLUE SHIELD PPO - Plan B</b>	\$742.20	\$1,392.32	\$1,835.20
<b>HMO</b>			
<b>BLUE ADVANTAGE HMO - Plan A</b>	\$671.68	\$1,389.99	\$1,897.91
<b>BLUE ADVANTAGE HMO - Plan B</b>	\$571.13	\$1,148.03	\$1,564.32
<b>DENTAL</b>			
<b>BCBS DENTAL HMO - Plan A</b>	\$15.07	\$29.41	\$43.98
<b>BCBS Dental HMO - Plan B</b>	\$14.96	\$29.18	\$41.33
<b>BCBS DENTAL PPO - Plan A</b>	\$22.85	\$43.05	\$57.07
<b>BCBS DENTAL PPO - Plan B</b>	\$21.02	\$39.64	\$52.52
<b>VISION ONLY - Plan A</b>	\$3.20	\$6.41	\$9.61
<b>VISION ONLY - Plan B</b>	\$3.14	\$6.28	\$9.42

*Plan A: Applies to all employees, excluding Sworn Police Officers*

*Plan B: Applies to Sworn Police Officers (below the rank of Sergeant)*